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CONFIRMATION NO. 2475

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/380,327	<b>FILING OR 371(c) DATE</b> 09/03/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> A20-00531470-0100US3
<b>APPLICANTS</b> SARAH ANNE ROBERTSON, ST. PETERS, AUSTRALIA; KELTON PAUL TREMELLEN, VALE PARK, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU98/00149 03/06/1998				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA P05508 03/06/1997				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 61263				
<b>TITLE</b> TREATMAENT AND DIAGNOSIS OF INFERTILITY USING TGF BETA OR ACTIVIN				
<b>FILING FEE RECEIVED</b> 4860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	